

SS1Y2179000D / SME MOTOR PTE LTD
 ENTRY DATE & TIME: 09/07/2021 17:17 (SGT)
 SUBMITTED BY: Chia Pei Ying
 VERSION: 1 (09/07/2021 17:17 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	09/07/2021 17:17 (SGT)
Date of Accident	09/07/2021 11:45 (SGT)
Exact Location of Accident	Tew Chew St, Singapore
Additional Location Information	BESIDE CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4005J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ALOY & JEM SERVICES
Company Reg No	5XXXX173B
Email Address	hippy017@hotmail.com
Mobile Phone No	(Phone) +65-98391887
Alternative Phone No	+65-98391887

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5108650205-02
Cover Note Number	-

DRIVER

Name of Driver	LOH CHOON LAN
NRIC No	SXXXX224A

Date Of Birth	17/06/1967
Occupation	Outdoor
Date Of Driving Pass	29/01/1988
Driving experience	33 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98391887
Alt. Phone Number	-
Email Address	hippy017@hotmail.com
Address	BLK 208 PASIR RIS ST 21 #10-344
Address complement	-
Postcode	510208
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Opening Door of Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 09/07/2021 AT 1145HRS, I PARKED MY VEHICLE (GBJ4005J) ALONG TEW CHEW STREET BESIDE CENTRAL ON THE LEFT LANE AND WAS WAITING FOR MY HUSBAND DOING DELIVERY. SUDDENLY, A LORRY (YP3434G) DROVE PASSED ME AND THE DRIVER FORGOTTEN TO CLOSE THE REAR DOOR. AS A RESULT, THE REAR DOOR SWIN OPEN AND HIT ONTO THE REAR PORTION OF MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP3434G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN GEOK YAN
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

SKETCH PLAN

I hereby authorise SIAE Motor Pte Ltd to send my accident report to my workshop Twincar Automotive Pte Ltd / N-S1 Automotive Pte Ltd via email / fax.

Signature: [Handwritten Signature]

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- 4. The issuance and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. **Any false reporting may be referred to the Police for investigation**.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for analysis and that copies of the report will be available for individual legal proceedings at the request of parties.
- 7. By the forwarding of this report to the insurers, you hereby consent to the forwarding of this report to the Centre and to copying of the report being made available at the Centre.

Consent under the Personal Data Protection Act (PDPA)

I, the undersigned, do hereby acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and/or otherwise process (collectively, "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured and/or are involved in this accident (all insurers who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers"), the Singapore Law Enforcement Authority, the Ministry of Transport of Singapore and any relevant government agency, authority or such as the police, for the purposes of:

- (i) processing, handling and/or dealing with my claim, including those tasks in relation to the claim and any necessary investigations relating to the claim;
- (ii) investigating the accident and/or claims;
- (iii) transacting and/or dealing with my insurances, including responding to any enquiries by me;
- (iv) analysing and/or claims (including the making of representations, statements, invoices, reports, estimates, etc.) which may involve disclosure of certain personal data about me, including about delivery of the goods as well as on the external cover of my explained package(s) (if any);
- (v) carrying out a reputable law enforcement, processing, handling and/or making a third party claim.

Purposes

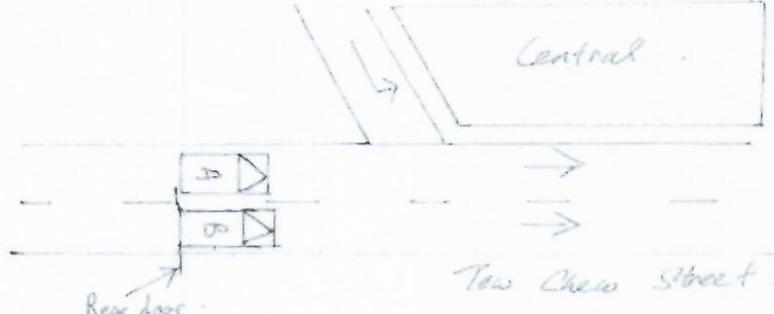
(a) All insurers of a motor insured vehicles involved in this accident and the Singapore Law Enforcement Authority are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and

(b) my Personal Information may also be used by any of the Insurers and/or GIA to their third party service providers or agents operating from the overseas territories, which may be used outside of Singapore for one or more of the above Purposes.

Alloy & Auto Services

Policyholder's Signature - Tan A Time Driver's Signature of driver involved in the accident - Tan S Time Witness by Reporting Centre Person

Sketch Plan



- (A) 6B7 4005 J
- (B) 4P 3434 G

SKETCH PLAN #2

Describe Circumstances of the Accident

On 09/07/2021 at @ 1145 hrs, I parked my vehicle (GBJ 4005 J) along Tees Chew street beside Central on the left lane and was waiting my husband doing delivery. Suddenly, a lorry (YP 343H G) drove passed me and the driver forgotten to close the rear door. As a result, the rear door swung opened and hit into the rear portion of my vehicle.

Declaration

I/We declare the foregoing particulars are true in every respect.

Aloy & Jam Services

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel